FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden hours per form.. ..16.00



FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION

RECEIVED

SECTION 4(6), AND/OR 20 UNIFORM LIMITED OFFERING EXEM

SEC USE ONLY Prefix Serial DATE RECEIVED

	185/49
Name of Offering (check if this is an amendment and name has changed, and indicate of Boomerang Carwash, L.L.C.	hange.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505	Rule 506 DESCRIPTION
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer	0012/2005
Name of Issuer (check if this is an amendment and name has changed, and indicate checked Boomerang Carwash, L.L.C.	FINANCIA
Address of Executive Offices (Number and Street, City, State, Zip Code) One Riverfront Place, Suite 615, North Little Rock, AR 72114	Telephone Number (Including Area Code) (501 378-0100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business The Issuer is a franchisor entity formed for the purpose of establishing and operating ride-three vacuums in several states. An investment in one of the Issuer's franchises may be deemed as	
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	⊠other (please specify): LLC
Actual or Estimated Date of Incorporation or Organization: Month Year O 5 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbrevia CN for Canada; FN for other foreign jurisdi	

General Instructions

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. □ Promoter Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Stagg, Robert Paul Business or Residence Address (Number and Street, City, State, Zip Code) One Riverfront Place, Suite 615, North Little Rock, AR 72114 ☐ Promoter Executive Officer ☐ Director Check Box(es) that Apply: Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) One Riverfront Place, Suite 615, North Little Rock, AR 72114 Executive Officer ☐ Director Check Box(es) that Apply: □ Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) One Riverfront Place, Suite 615, North Little Rock, AR 72114 Executive Officer ☐ Director Check Box(es) that Apply: __Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) One Riverfront Place, Suite 615, North Little Rock, AR 72114 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McNatt, Tim Business or Residence Address (Number and Street, City, State, Zip Code) One Riverfront Place, Suite 615, North Little Rock, AR 72114 Promoter Beneficial Owner Executive Officer Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Allen, Chris Business or Residence Address (Number and Street, City, State, Zip Code) 19 Bryar Hollow Lane, Suite 262, Houston, TX 77027 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMAT	TION AB	OUT OF	FERING				
1. H	las the issuer	sold, or do	es the issues	r intend to : Appendix, (sell, to non- Column 2, if	accredited i	nvestors in r ULOE.	this offerin	g?		Yes . 🔯	No
2. V	Vhat is the m	inimum inv	estment the	nt will be ac	cepted from	any indivi	dual?				\$ <u>40,000</u>	
3. I	oes the offer	ng permit	joint owners	hip of a sin	gle unit?	•••••					Yes X	No
p s b	Enter the informal commission or erson to be lates, list the roker or deal executive offices	similar renisted is an ename of ter, you ma	muneration associated p he broker o y set forth t	for solicitat person or a r dealer. I he informa	ion of purch gent of a br f more thar tion for tha	asers in cor oker or dea n five (5) pe t broker or	nnection wi der register ersons to be dealer only	th sales of s ed with the listed are . The offeri	ecurities in SEC and/o associated p ing is being	the offering or with a st persons of s conducted	g. If a ate or such a by the	
Full N	ame (Last na	me first, if	individual)									
Busine	ess or Resider	nce Address	(Number a	nd Street, (City, State,	Zip Code)						
Name	of Associated	Broker or	Dealer									
	in Which Pe							,,				
((Check "All St	ates" or che	eck individua	al States)		••••••	••••••	***************************************				All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) (PR)
Full N	ame (Last na	me first, if	individual)				· · · · · · · · · · · · · · · · · · ·					` '
Busine	ess or Resider	nce Address	(Number a	nd Street, (City, State,	Zip Code)					•	
Name	of Associated	Broker or	Dealer									
States	in Which Pe	rson Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers			·			1911 18 1911
((Check "All St	ates" or che	eck individu	al States)								All States
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	ame (Last na	me first, if	individual)									
Busine	ess or Resider	nce Address	(Number a	nd Street, (City, State, 2	Zip Code)			· · ·			
Name	of Associated	Broker or	Dealer			· · · · · · · · · · · · · · · · · · ·						
States	in Which Pe	rson Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers			·			
(Check "All St	ates" or che	eck individu	al States)								All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

|TN] |TX| |UT] |VT] |VA] |WA] |WV| |USe blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total a already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange of check this box and indicate in the columns below the amounts of the securities offer exchange and already exchanged.	Tering,	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	¢.	ф
	Equity	Ð	Φ
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify Franchise Interests & Membership Interests)	\$4,000,000*	\$ 0
	Total		Φ Δ
	Total	\$ <u>4,000,000*</u>	0
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securithis offering and the aggregate dollar amounts of their purchases. For offerings under Ru indicate the number of persons who have purchased securities and the aggregate dollar a of their purchases on the total lines. Enter "0" if answer is "none" or "zero".	le 504,	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	00	_ \$0
	Non-accredited Investors	0	\$. 0
	Total (for filings under Rule 504 only)		¢.
	Total (for fillings under rule 504 ordy)		Φ
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) prior to the first sale of securities in this offering. Classify securities by type listed in P Question 1.	nonths	
	Not applicable		
	Type of Offering	Type of Security	Dollar Amount Sold
		•	•
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses issuer. The information may be given as subject to future contingencies. If the amoun expenditure is not known, furnish an estimate and check the box to the left of the estimate	of the t of an	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		
	Legal Fees		\$ 5,000 \$ 50,000 \$ 15,000 \$ \$
	Accounting Fees		\$ 15,000
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify) <u>Blue Sky Fees</u>		\$ 3,000 \$ 73,000
	10tal		δ <u>73,000</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

^{*\$4,000,000} is based on an initial franchise fee of \$40,000 per franchise and the assumed sale of 100 franchises. The actual number of franchises to be sold is indeterminate at this time. Additional start-up funds ranging from \$1,695,700 to \$2,885,000 per franchise are estimated to be required.

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSE	S ANI	USE OF PRO	CEEDS						
	b. Enter the difference between the aggregate Question 1 and total expenses furnished in difference is the "adjusted gross proceeds to the control of the co	in response to Part C-Quest	ion 4.	a. This	\$ 3.927,000						
5.	. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.										
				Payments to Officers, Directors, & Affiliates*	Payments to Others						
	Salaries and fees			\$	\$						
	Purchase of real estate			\$	\$						
	Purchase, rental or leasing and installation of machi	nery and equipment		\$	\$						
	Construction or leasing of plant buildings and facilities	ies		\$	\$						
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass pursuant to a merger)	sets or securities of another issuer		\$	□ _{\$}						
	Repayment of Indebtedness			\$	\$						
	Working Capital			\$	\$ 3,927,000						
	Other (specify):			\$	\$						
	Column Totals			\$	\$3,927,000						
	Total Payments listed (column totals added)			⊠ \$_	3,927,000						
	D.	FEDERAL SIGNATURE									
sign	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accredit	sh to the U.S. Securities and Excha	nge Com	mission, upon writt							
Iss	ner (Print or Type)	Signature / / / /		Date							
Boo	merang Carwash, L.L.C.	North-thegg		October 12, 200	5						
Naı	ne of Signer (Print or Type)	Title of Signer (Print or Type)		***************************************							
Rob	ert Paul Stagg	President									

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

5 of 8 SEC 1079 (6/09)

^{*}The Issuer and its Affiliates will receive various franchise, management, development, equipment, construction and other fees, the amounts of which are indeterminate at this time.

	E. STATE	SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? Not applicable. Rule 506 Offering.									
	See Appendix, Column 5, for stat	te response								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	he issuer has read this notification and knows the contents to be true ndersigned duly authorized person.	and has duly caused this notice to be signed on	its behalf by the							
Issı	ssuer (Print or Type) S	Signature	Date							
Boo	oomerang Carwash, L.L.C.	hat littles	October <u>D</u> , 2005							
Naı	ame (Print or Type)	Fitle (Print or Type)								
Rob	obert Paul Stagg	President								

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI	PPENDIX	4			
1	Intend to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted)* (Part E - Item 1)				
State	Yes	No	Franchise Interests & Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR	Х		\$4,000,000						
CA									
СО									
CT									
DE									
DC									
FL									
GA									
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA	Х		\$4,000,000						
ME									
MD									
MA									
MI									
MN									
MS									
МО									

^{*}Not Applicable. Rule 506 Offering.

7 of 8

				AF	PENDIX				
1	Intend to non-actinvestors (Part B -	to sell credited in State	Type of security and aggregate offering price offered in State (Part C - Item 1)	4 Type of investor and amount purchased in State (Part C - Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)* (Part E - Item 1)		
State	Yes	No	Franchise Interests & Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT	163	140	interests	IIIVESTOIS	Amount	investors	Amount	163	
NE									
NV									
NH									
NJ	X		\$4,000,000						
NM									
NY									
NC									
ND									
ОН	X		\$4,000,000						
OK			\$4,000,000						
OR				2015 N. E. I.			***		
PA									
RI									
SC SD									
TN	Х		\$4,000,000						
TX	Х		\$4,000,000						
UT			MARKET						
VT	· · · · · <u>· · ·</u>			· · · · · · · · · · · · · · · · · · ·					
VA									
WA									
wv									
WI									
WY									
PR									

BOS1527932.1

^{*}Not Applicable. Rule 506 Offering.